## UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	03500.013715.1	
First Nam	ed Inventor or Application Identifier	
	MANABU YAMAZOE	
Evorace Mail Lahol No.		

			Ex	xpress Mail l	Label No.				
APPLICATION ELEMENTS  See MPEP chapter 600 concerning utility patent application contents.  ADDRESS TO:  Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450									
1. X Fee Transmitt (Submit an origin	al Form nal, and a duplicate for fee pr	ocessing)		7.	CD-ROM or Program (A		, large table or Computer		
2. Applicant clair See 37 CFR 1	nims small entity status. 1.27.			8.	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)				
3. X Specification	Total Pages 47				a. Computer Readable Form (CRF)				
4. X Drawing(s) (3	5 USC 113) Total Sh	eets 8				ation Sequence Lis	26 =		
5. X Oath or Decla	ration Total Pa	ges 2			ii r	paper	178		
a. Nev	vly executed (original or o	сору)			c. Statements verifying identity of above copies				
h 0	f	. (27 OED 4 62(4))			ACCOM	PANYING APPLIC	ATION PARTS		
	by from a prior application continuation/divisional with			9.	Assignment I	Papers (cover sheet	& document(s))		
i. DELETION OF INVENTOR(S) Signed Statement attached deleting inventor(s)			or(s)	10.		(b) Statement e is an assignee)	Power of Attorney		
	named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			11.	English Translation Document (if applicable)				
6. X Application Da	ata Sheet. See 37 CFR 1	1.76		12. X	Information Statement (	Disclosure (IDS)/PTO-1449	Copies of IDS Citations		
				13. X	Preliminary	Amendment			
	•			14. X		eipt Postcard (MPI specifically itemize			
				15.		opy of Priority Docu riority is claimed)	iment(s)		
				16. X Other: Claim To Priority					
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:									
		· —		•					
Continuation X Divisional Continuation-in-part (CIP) of prior application No. 09/337,549, filed June 22, 1999  Prior application information: Examiner I. Sherali Group/Art Unit: 2621									
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.									
		18. CORRE		DENCE ADD	RESS				
X Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below					pondence address below				
NAME									
Address									
						<u> </u>			
City Country		State Telephone				Zip Code Fax			

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CLAIMS	6 (1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS	
	TOTAL CLAIMS (37 CFR 1.16(c))	13-20 =	0	X \$ 18.00 =	\$ 0.00	
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	6-3 =	3	X \$ 84.00 =	\$ 252.00	
	MULTIPLE DEPENDEN	T CLAIMS (if applicable) (37	\$280.00 =	\$ 0.00		
		\$ 750.00				
			Total of	above Calculations =	\$1,002.00	
	Reduction by	50% for filing by small er	ntity (Note 37 CFR 1.9, 1	.27, 1.28).		
	TOTAL = \$1,002.00					
19. Small entity status  a. A small entity statement is enclosed  b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.  c. Is no longer claimed.						
[	X A check in the amount of \$1,002.00 to cover the filing fee is enclosed.					
21. [	. A check in the amount of \$ to cover the recordal fee is enclosed.					
22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:						
6	a. X Fees required under 37 CFR 1.16.					
t	b. X Fees required under 37 CFR 1.17.					
(	c. Fees requ	ired under 37 CFR 1.18.				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	Andrew D. Mickelsen, Reg. No. 50,957			
SIGNATURE	Chrose D. Michben			
DATE	July 29, 2003			